



AFFIDAVIT OF NAME CHANGE

LICENSE/REGISTRATION NUMBER	YEAR	MAKE	SERIES/BODY STYLE
VEHICLE IDENTIFICATION NUMBER (VIN) OR VESSEL HULL IDENTIFICATION NUMBER (HIN)			

PLEASE COMPLETE ONLY THOSE SECTIONS THAT APPLY

I am submitting a name change, on the vehicle or vessel described above, for the following reason(s):

STATEMENT TO CORRECT MISSPELLED NAME	PLEASE TYPE OR PRINT		
THE CORRECT SPELLING OF MY NAME IS:			
NAME	LAST	FIRST	MIDDLE

STATEMENT OF ONE AND THE SAME PERSON	PLEASE TYPE OR PRINT			
I,	NAME	LAST	FIRST	MIDDLE
AND,	NAME	LAST	FIRST	MIDDLE
ARE ONE AND THE SAME PERSON.				

CHANGE OF NAME - <u>INDIVIDUAL ONLY</u>	PLEASE TYPE OR PRINT			
FROM:	NAME	LAST	FIRST	MIDDLE
TO:	NAME	LAST	FIRST	MIDDLE
REASON FOR NAME CHANGE: _____				
DATE: _____				

I certify that the above statement(s) is/are true and correct and is/are not for the purpose of defrauding creditors.

X _____
REGISTERED OWNER'S SIGNATURE

★ DOL Customer Account Number _____

★ The **DOL CUSTOMER ACCOUNT NUMBER** is found on the Washington Driver's License or Identification Card (12 digits) or if the owner is a business it is the UBI number found on the business Registration & Licenses Document (9 digits).

NOTARY SEAL OR STAMP	NOTARIZATION / CERTIFICATION	
	State of Washington	Signed or attested
	County of _____	before me on _____
	by _____	Signature _____
	Printed Name of Person Signing Document	Notary / Agent Signature
	Notary's Name (PRINTED or STAMPED) _____	Dealer No. OR _____
	Title _____	AND: County / Office No. OR _____
	Notary / Agent	Notary Expiration Date

The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.